

07/07/00
jc872 U.S. PTO

07-10-00

A/RE
REISSUE LITIGATION

Please type a plus sign (+) inside this box → ☐

PTO/SB/50 (4/98)
Approved for use through 9/30/00. OMB 0651-0033
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BROADENING REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.

MONY:140

First Named Inventor

Gerard F. Barry

Original Patent Number

5,776,760

Original Patent Issue Date
(Month/Day/Year)

July 7, 1998

Express Mail Label No.

EL521270395US

APPLICATION FOR REISSUE OF:
(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

1. ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
including broadened reissue claims
3. ☒ Drawing(s) (proposed amendments, if appropriate)
4. ☐ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent
☐ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 OR PTO/SB/54)
or ☐ Ribboned Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53 or 54)
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
8. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
10. ☐ * Small Entity Statement(s) ☐ Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ Other: _____

* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

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Signature	<i>Janelle D. Waack</i>	Date	July 7, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

MONY:140

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 2	Total Claims (37 CFR 1.16(j))	(B) 20	**** 18 =	x \$ ____ =	or	x \$ 18 =	\$324.00
(C) 1	Independent Claims (37 CFR 1.16(i))	(D) 13	* = 12	x \$ ____ =		x \$ 78 =	\$936.00
Basic Fee (37 CFR 1.16(h))					\$ ____		
Total Filing Fee					\$ ____	OR	\$ 1,950.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* = 0	x \$ ____ =	or	x \$ ____ =	0
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	= 0	x \$ ____ =		x \$ ____ =	0
Total Additional Fee					\$ ____	OR	\$ 0	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Please charge Deposit Account No. 01-2508/MONY:140/WAA in the amount of \$1,950.00.
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☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 01-2508/MONY:140/WAA.
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☐ A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.

July 7, 2000

Date


Signature of Applicant, Attorney or Agent of Record

Janelle D. Waack, Reg. No. 36,300

Typed or Printed Name